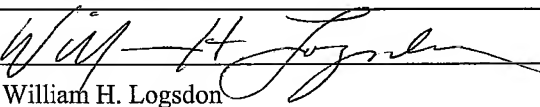
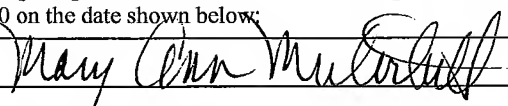


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|--|---|------------------------|-------------------------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/517,509 |
| | | Filing Date | 6/11/2003 |
| | | First Named Inventor | Herman J.T. Coelingh Bennink et al. |
| | | Art Unit | 1627 |
| | | Examiner Name | Samira Jean-Louis |
| Total Number of Pages in This Submission | 7 | Attorney Docket Number | 0470 - 045922 |

| ENCLOSURES (check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks <input checked="" type="checkbox"/> Claim Fees Previously Paid: Total Claims <u>20</u> Total Indpen. Claims <u>3</u> <input type="checkbox"/> Claim Fees Due (see Fee Transmittal Form) | | |

The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | The Webb Law Firm | | |
| Signature |  | | |
| Printed Name | William H. Logsdon | | |
| Date | November 10, 2010 | Reg. No. | 22,132 |

| CERTIFICATE OF TRANSMISSION / MAILING | | | |
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| I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
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| Typed or printed name | Mary Ann Mulvihill | Date | November 10, 2010 |